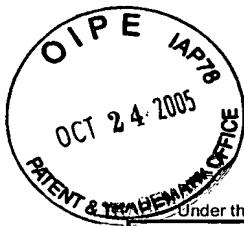


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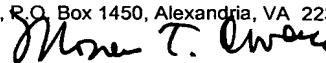
PTO/SB/32 (04-05)

Approved for use through 07/31/2006, OMB 0651-0031

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<b>REQUEST FOR ORAL HEARING BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		Docket Number (Optional) HO-P02086US1	
	In re Application of James R. Lupski et al. Application Number 10/021,955 Filed December 13, 2001 For DEFECTS IN PERIAXIN ASSOCIATED WITH MYELINOPATHIES Art Unit 1637 Examiner S. Chunduru		
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.			
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ 1,000.00			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 06-2375. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.			
I am the <input type="checkbox"/> applicant/inventor.			
 Signature			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
Melissa L. Sistrunk Typed or printed name			
<input type="checkbox"/> attorney or agent of record.			
Registration number _____ Date October 24, 2005			
<input checked="" type="checkbox"/> attorney or agent acting under 37 CFR 1.34.			
Registration number if acting under 37 CFR 1.34. 45,579 Telephone number (713) 651-3735			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of 1 forms are submitted.			

<b>Request for Oral Hearing Before BPAI</b>	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 678178651US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: October 24, 2005	Signature:  (Monica T. Owens)

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